

VILNIUS UNIVERSITY

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QUALITATIVE STUDY OF THE EFFECTIVENESS  
OF PSYCHOTHERAPY: THERAPEUTIC FACTORS  
FROM THE PERSPECTIVE OF MALE AND  
FEMALE CLIENTS

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Summary of Doctoral Dissertation

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VILNIAUS UNIVERSITETAS

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## INTRODUCTION

### SCIENTIFIC PROBLEM ADDRESSED IN THE DISSERTATION

Psychotherapy has already gained recognition as an effective way of solving mental health problems and developing personality, and its effectiveness has been supported by numerous scientific studies (Lambert and Ogles, 1994). During recent decades it's been often noted that the outcome of psychotherapy is determined not so much by the techniques and methods used by different schools of psychotherapy but rather by the common factors related both to the client and to the therapist (Lambert and Barley, 2001; Beutler, 1991). The therapeutic relationship is usually pointed out as the most important of these factors (Lambert and Ogles, 2003; Grenavage and Norcross, 1990). Yet in order to identify the best ways of applying these factors in practice it's necessary to consider the individual characteristics that influence the ways of forming a therapeutic relationship and responding to therapeutic interventions in each dyad of a psychotherapist and a client (Norcross and Wampold, 2011; APA, 2006).

The significance of a client's gender for the process and outcome of psychotherapy is still subject to many discussions. Different studies confirm that men and women benefit equally from psychotherapy (Owen et al., 2009; Clarkin and Levy, 2004), however, it's often noticed that there are certain differences in the psychotherapy process of the clients of different genders. Men are often considered a problematic group of psychotherapy clients because the traditional male gender role encourages them not to ask for help or reveal one's vulnerabilities and to maintain control over a situation (Mahalik et al., 2003; Scher, 1990). Different recommendations have been developed for psychologists and psychotherapists working with boys and men (Mahalik et al., 2012; Robertson and Williams, 2010; Cochran and Rabinowitz, 2003). Yet so far there is no agreement about what treatment strategies are most effective in the process of change of male clients - whether the difficulties men often experience in therapeutic relationship can be overcome by encouraging them to go into the closer relationship with the therapist or, in opposite, by putting an emphasis on the cognitive and educational aspects of psychotherapy. This answer is hard to find also because such recommendations are mostly based either on the analysis of the authors' own therapeutic cases or on the results of the studies of male gender role stress the participants of which are men from general population, mostly having no experience of psychotherapy. Also, we know almost nothing about which ways of therapeutic help are most effective in working with female clients as studies of psychotherapy are very seldom specifically aimed at understanding their needs.

Studies exploring the therapeutic factors from the perspective of a client and focusing on the experience of both genders have started appearing only a few years ago. Bedi and Richards (2011) compared the factors strengthening the therapeutic alliance formation at the beginning of psychotherapy of male clients with the results of an analogous study the participants of which were mostly women (Bedi, 2006). They found that men saw the factors related to problem solving and a client's responsibility and the signs of formal respect from the therapist as most useful for the alliance formation, while the group dominated by women emphasised the non-verbal communication of a therapist, education and guidance. Owen et al. (2010) based their study on the findings that the psychotherapy clients of the same gender could differ significantly by their strength of personal characteristics and attitudes attributed traditionally to their gender. They found that the participants who mentioned the same helping factors were more similar not so much by their gender as by the level of conformity to masculine gender norms: those who

conformed more to these norms found therapeutic factors belonging to the categories of relationship and insight most important, while those whose conformity to masculine gender norms was weaker, appreciated more the factors from the category of information. The results of these two studies don't give us enough understanding of what the relationship between the client's gender and the therapeutic factors could be but they rather point to two potential directions of research on this issue. First of all, we may compare the therapeutic experience of men and women, second, we could also consider the degree of expression of psychological characteristics traditionally attributed to masculinity and femininity in the personality of each participant.

Our analysis of different studies of biopsychology, social psychology and psychodynamic (especially analytical) psychology also revealed strong evidence that individuals belonging to the same gender could differ significantly by their personal characteristics and display strong traits typically attributed to the opposite gender (Hammer et al., 2012; Wakabayashi et al., 2012; Baron-Cohen, 2011; Goss, 2011; Auyeung et al., 2009; Jung, 1977). The theory of analytical psychology that shows a big interest in issues of gender psychology postulates that each individual has the psychological principles, or traits, of both genders in her psyche, and these principles are of archetypal nature (Jung, 1977). The totality of gender-related characteristics possessed by a certain individual is determined by a unique interaction of biological, social and psychological factors (Young-Eisendrath and Wiedemann, 1987; Samuels, 1985) that forms a unique depth gender identity. The dominating complexes that are formed by the experience of earlier significant interpersonal interactions influence the individual's way of perceiving herself and the world, determine her attitudes, values and interests (Kast, 2002; Kast, 1985), therefore the depth gender identity that is based on the gender complexes (especially mother and father complexes) is likely to have a strong influence on one's experience of the factors operating in the psychotherapy process. Having this in mind, it is important to study the experience of the psychotherapy process of clients of different genders considering both their belonging to a male or female gender and the particularities of their depth gender identity.

## **RELEVANCE OF THE DISSERTATION**

The recent growth of the number of studies aimed at understanding the relationship between the gender of a client and the most significant therapeutic and hindering factors, as well as recommendations for working with clients of different genders (Mahalik et al., 2012; APA, 2007) show that we still lack both scientific knowledge and practical skills in this field. This assumption is supported by the discussions about the „gender competence“ of psychotherapists that point to the evidence that different psychotherapists may have a different ability of working with male and female clients (Owen et al., 2009). The need for research on these issues is especially acute in Lithuania that has only recently started scientific studies of psychotherapy process and outcome. We have had several such studies over the past couple decades (Viliūnienė, 2012; Gudaitė, 2008a; Gudaitė, 2008b; Rukšaitė ir Gudaitė, 2008; Gudaitė, 2001), however, the only publication related to the gender issues in the process of psychotherapy is Zbarauskaitė's (2008) study on the experience of shame of fostered adolescent girls in group psychotherapy.

A deeper interest in the psychological aspects of gender comes also by the process of significant changes in the understanding of gender and gender roles that has been taking place in the Western societies over the last several decades and has recently reached

Lithuania. It's observed that the socio-cultural context in Lithuania that is important for the formation of depth gender identity is rather different from many other countries, for example, that differently from the Western European or North American countries that are traditionally considered patriarchal, Lithuania has a stronger matriarchal tradition and the mother cult (Sauer, 2009). Also, over the last century Lithuania went through the historical processes that have been very different from these other countries as it had to survive not only two World Wars but also a long Soviet occupation. The Soviet repressions have left a deep and enduring trace in the psyches of Lithuanian people, however, this experience hadn't been publicly recognized as traumatic for a very long time (Gailienė and Kazlauskas, 2004). The analysis of the numbers of men and women diagnosed with mental health and addiction disorders and the number of male and female suicides over the past few decades lets us assume that Lithuanian men have suffered more severe consequences of the totalitarian regime and found it more difficult to adapt to the social and economical changes after the restoration of the independent state. Until now men choose destructive or self-destructive ways of coping, such as substance abuse or suicide, twice as often as women do (VPSC, 2012), and the ratio of suicides of men to women has increased twice compared with the 1930's (Gailienė, 1998). That shows the necessity of increasing the availability of psychological help for men, finding the best ways of meeting their needs, and the research into what ways of therapeutic help were most suitable for clients of both genders would contribute a lot to achieving this goal.

#### **SCIENTIFIC NOVELTY OF THE DISSERTATION**

This study takes a longitudinal approach to data collection: it analyses the experience of the clients while they are still in the process of psychotherapy and gives us an opportunity to see the dynamics of therapeutic and hindering factors. Meanwhile the other similar studies known to us (Bedi and Richards, 2011; Owen et al., 2010) explore the experience of psychotherapy clients retrospectively, after they have finished their treatment. The beginning of psychotherapy is considered a very important period for the formation of the therapeutic relationship and therefore significantly related to the outcome of the treatment (Barber et al., 2000), and this period also often determines whether psychotherapy will be continued or prematurely terminated (Beckham, 1992). Therefore, interviewing the psychotherapy clients at the initial period of their treatment may help to identify more accurately which factors are seen as therapeutic or hindering the process of change.

Another distinct feature of our study is the comparison of cases of men and women based both on their gender and on the characteristics of their depth gender identity, or the degree of expression of the psychological characteristics attributed to masculinity and femininity in their psyches. The data of our study is interpreted using the theory of analytical psychology that postulates that each individual has psychological components of both genders. Firstly, thematic analysis of all the cases is conducted, and then each case is analyzed separately, relating the themes identified in it to the type of depth gender identity of that individual. That gives us an opportunity to analyze the data both by the categories of male – female and masculine – feminine.

## **THE AIM, OBJECTIVES AND DEFENDED STATEMENTS OF THE DISSERTATION**

**The aim of our study** is to identify the therapeutic and hindering factors operating in the process of analytical psychotherapy of men and women, and to find out how these factors are related to the depth gender identity of the participants of our study.

### **The objectives of the dissertation:**

1. To identify the therapeutic and hindering factors operating at the beginning of analytical psychotherapy (after 4-8 psychotherapy sessions) of male and female clients.
2. To identify the therapeutic and hindering factors operating at about 6 months after the beginning of analytical psychotherapy (after 18-22 psychotherapy sessions) of male and female clients.
3. To find out how the therapeutic and hindering factors operating in the psychotherapy process of male and female clients are related to the characteristics of the depth gender identity of the participants.

### **The defended statements of the dissertation:**

1. Even though some therapeutic and hindering factors are present in psychotherapy of both male and female clients, there are factors typical only of male or of female experience of the psychotherapy process. The gender-specific factors appear already at the beginning of the process and become even more significant after about 20 sessions.
2. The process of change in the psychotherapy of women is most strongly induced by the empathic therapeutic relationship while for men it is most strongly induced by the analytical therapeutic relationship.
3. Both the therapeutic and hindering factors are related to the type of depth gender identity of the clients.

## **METHOD**

### **PARTICIPANTS**

8 clients of analytical psychotherapy, 4 women and 4 men, participated in this study. They were aged 25 to 44 years. They sought psychotherapeutic help because of different emotional and interpersonal difficulties. Each participant met with the interviewer twice with the exception of one man who only participated in the first part of the study because he terminated his therapy unexpectedly after 12 sessions and moved abroad. At the time of the second interview 6 participants (3 women and 3 men) continued their psychotherapy and one woman had just finished it.

6 analytical psychotherapists, all female, worked with the participants. 5 participants had their psychotherapy in private practice and the other 3 had it in mental health or counseling centers.



## **METHOD AND PROCEDURE OF DATA COLLECTION**

The participants were recruited with the help of their psychotherapists who informed their clients about the possibility to take part in the study. Written informed consent was obtained from each participant before conducting two semi-structured interviews scheduled between sessions 4-8 and between sessions 18-22. The first interview was aimed at exploring the participants' motivation for seeking psychotherapy and the expectations for it, the experience of their first few sessions, and the complexes lying at the base of the depth gender identity of the participants. The second interview was focused on the experience of changes the participants saw as related to psychotherapy, the factors that led to these changes, the factors hindering the process of change and the ways the participants used for coping with these difficulties. The interviews were audio-recorded and transcribed.

## **DATA ANALYSIS**

The transcribed text of the interviews was analyzed in two steps:

1. The thematic analysis of all cases was conducted first, looking for the themes describing therapeutic and hindering factors. The approach of inductive thematic analysis when the codes were generated straight from the data (Boaytzis, 1998) and latent thematic analysis when data was interpreted in the context of analytical psychology was applied. This process was based on the principles of thematic analysis suggested by Braun and Clarke (2006). First, the fragments of the interviews related to therapeutic and hindering factors were coded and then the similar codes were merged into broader themes.
2. Each of the 8 cases was also analyzed separately, first exploring the depth gender identity of a participant: the text of the first interview was analyzed and the complexes of mother, father and other aspects of femininity and masculinity, and their relationship with the ego of a participant were described. Then the themes typical of this case were discussed in detail.

The help of experts experienced in analytical psychotherapy and qualitative data analysis was used in both stages of data analysis, and both the final list of themes and the case descriptions were produced after a thorough discussion of all the material.

## **THE MAIN RESULTS AND DISCUSSION**

### **THERAPEUTIC AND HINDERING FACTORS AFTER 4-8 PSYCHOTHERAPY SESSIONS**

All 8 participants of our study mentioned at least one therapeutic factor during the first interview. The thematic analysis generated 8 themes describing therapeutic factors operating at the beginning of psychotherapy. 5 of these themes were mentioned by participants of both genders and the remaining 3 themes were typical of only one gender.

The themes that had been mentioned by both male and female participants most frequently were the following: „Revealing questions“, „Experience of understanding and acceptance“, „Being treated with respect and tolerance“ and „Getting feedback“. Each of these themes has been mentioned by 3 participants, however, their importance for the men and for the women was different. „Revealing questions“ was more important for the men and the remaining 3 themes were more often mentioned by the women. The theme of

„Clear structure of psychotherapy“ has also been mentioned by one male and one female participant.

Meanwhile the themes of „Saying it aloud“ and „Stability of setting“ were found only in the interviews of the female participants, and the theme of „Valuable advice“ was found in the interview of one male participant.

The thematic analysis of the first interview showed that at the beginning of psychotherapy the accounts for therapeutic factors significantly outnumbered the mentions of the hindering factors – only two participants spoke of something that was hindering their process of change. 2 themes describing the hindering factors were generated. „Not being able to see the results clearly“ was mentioned by one male and one female participant, and „Understanding that insight is not enough“ was mentioned by one male participant.

### **THERAPEUTIC AND HINDERING FACTORS AFTER 18-22 PSYCHOTHERAPY SESSIONS**

As well as in the first interview, each of the participants of our study could identify several therapeutic factors operating in their psychotherapy process. The thematic analysis of the interviews generated 13 themes describing therapeutic factors typical of this period of psychotherapy. 7 of them were the same as at the beginning of the therapy, and the theme „Experience of understanding and acceptance“ has been replaced by the similar theme of „Experience of closeness and affinity with the other“. 5 totally new themes appeared at this stage: it was „Experience and growing awareness of emotions“, „Finding a teacher“, „Attentive presence of the other“, „Finding rational explanations“ and „Enhancing the willpower“.

If most of the themes of the first interview were common to the participants of both genders, the situation changed after 18-22 sessions: we only found 3 themes typical of both the male and female participants of our study, and these were „Experience of closeness and affinity with the other“, „Getting feedback“ and „Revealing questions“. However, the frequency of mentioning these themes was quite different among the men and the women: the importance of „Experience of closeness and affinity with the other“ was emphasised by all 4 female participants and only one male participant, and the theme of „Getting feedback“ was found in the interviews of 3 women and only one man. That let us assume that these two themes were more significant for the women than for the men.

4 themes describing therapeutic factors were found in the second interview of only female participants. „Saying it aloud“ and „Experience and growing awareness of emotions“ were significant factors for all 4 of our female participants, „Being treated with respect and tolerance“ was mentioned by 3 of them, and „Valuable advice“ by 2 women.

We also identified 5 themes that were found only in the interviews of our male participants. 4 of these themes appeared only in the second interview and each was mentioned by 2 participants: these were „Finding a teacher“, „Attentive presence of the other“, „Finding rational explanations“ and „Enhancing the willpower“. One participant mentioned the theme of „Clear structure of psychotherapy“ that he had noticed also in his first interview.

The thematic analysis of the second interview showed that after 18-22 sessions the participants noticed more hindering factors than they did at the beginning of their psychotherapy: 5 participants mentioned at least one such factor, and we identified 3 themes here: „Not being able to see the goals and results clearly“, „Failed expectations“ and „Closeness to the other is restricting“. The first of these themes is similar to the theme „Not

being able to see the results clearly“ that we identified in the first interview while the other two are typical only of the second interview.

Talking about the hindering factors turned out to be more typical of the male participants of our study who had quite a similar experience of what was hindering their process of change: each of the 3 participants of the second stage of our study mentioned the theme „Not being able to see the goals and results clearly“.

The female participants of our study had a more varied experience of the hindering factors. First of all, only 2 of the 4 women mentioned any such factors. One of them pointed out the themes „Not being able to see the goals and results clearly“ and „Failed expectations“, while the other spoke about the theme „Closeness to the other is restricting“.

## ‘THERAPEUTIC FACTORS IN WOMEN’S PSYCHOTHERAPY

The most significant therapeutic factor for our female participants was „Saying it aloud“: they found talking about themselves and expressing their thoughts and feelings verbally very helpful (*„Sometimes you don’t analyze such situations, you don’t think about them, and when I come here, I find talking helps a lot“*). Talking helped our participants also „to see“ or „to hear“ themselves. A therapist was experienced as sensitively attuned to the needs of a client, either remaining an attentive listener or taking a more active part and helping a client to create a coherent and meaningful narrative of her life.

A therapeutic impact of being in a close, secure relationship with the other person is also reflected in the theme of „Experience of understanding and acceptance“ and then of „Experience of closeness and affinity with the other“. Already after the first few sessions the women noticed that the therapist could understand the uniqueness of their experience, and as the psychotherapy process continued, they experienced an even deeper connection to their therapist that they described using metaphors of *„being on the same wavelength“* or *„sticking together“*, that revealed the unconscious, symbiotic nature of this relationship. This sense of security and closeness could be understood as a transference to the therapist of the positive pole of the mother archetype, experiencing through this the stage of symbiosis, unconditional acceptance and holding that is vital for the development of a strong ego (Gudaitė, 2008b; Jacoby, 1991). During psychotherapy sessions, with the presence of a therapist, it became possible also to experience the difficult emotions that used to be inhibited or denied before (the theme of „Experience and growing awareness of emotions“). That brought the sense of relief, helped the participants find new meaning for the past experience (*„you take something from your childhood, you look at it differently and experience it anew“*), or to become aware of the traumatic material.

An important factor in the process of change of our female participants was also a firm outer structure of psychotherapy that was built by the regularity and rhythm of the meetings between a therapist and a client – it’s a theme of „Stability of setting“. The need of a stable, long-term empathic relationship for developing the abilities of processing the emotional information and maintaining a close connection to the other is also emphasized by contemporary neuropsychologists who explain that an ongoing secure relationship stimulates and develops the brain structures responsible for these abilities (Schoore, 2009).

The theme of „Being treated with respect and tolerance“ pointed out to yet another aspect of a healing relationship: our female participants found it very important to feel the respect, tolerance and clear boundaries between themselves and the other person. They spoke of the need to *„feel their own space“*, not to be influenced by the beliefs and judgment of the other person. They saw that their therapist didn’t put any pressing expectations on a

client („I know she doesn't expect anything from me, only that I talk“), nor were they critical or judgmental. The experience of such a relationship helped our participants to explore freely their needs, feelings and different ways of behavior. That showed that our female participants had a need to experience a certain balance between closeness and distance in a therapeutic relationship: closeness allowed them to feel safe and become aware of the difficult emotions, while distance helped to discover their own powers and to rely on them.

The therapeutic factors related to an active involvement of a therapist and to the analytical function of the therapeutic relationship (Gudaitė, 2008b) were also significant for the female participants of our study, however, they were mentioned less often: these were the themes of „Revealing questions“ and „Getting feedback“. Both the therapist's questions and their feedback helped the clients to look at their life situations from a different perspective and thus to expand their awareness and strengthen their sense of identity.

### THE THERAPEUTIC FACTORS IN MEN'S PSYCHOTHERAPY

„Revealing questions“ appeared to be the most significant therapeutic factor for the male participants of our study. It helped them to discover the new aspects of the pressing problem and became a key to answering important questions („then everything gets in order“). Receiving questions from their therapist was experienced by these men as a sign of being treated like equals and that strengthened their feeling of personal authority and responsibility for their own life. An image of the therapist as a guide appeared in a second interview, reflecting the feeling the participants had of their therapists as having good understanding of where to direct a client and which questions to ask. In analytical psychology, the image of an inner guide that helps a man to get into contact with his emotional life and with the unconscious is considered a function of an archetype of femininity (Jung, 1977). Before the contents of an individual's femininity complex have become conscious and integrated into the total personality, it's being projected into certain women (Kast, 2008; Jung, 1977). Therefore we may assume that the participants of our study project the feminine part of their psyche into their therapists who are perceived as able to see their true emotional needs and leading their clients towards more consciousness.

The theme of „Finding a teacher“ that we have repeatedly found in the second interview of our male participants revealed that these men saw their psychotherapy as a learning process, and their relationship to their therapist as a teacher-student relationship. Here learning means not only acquiring some rational knowledge but also gaining new emotional and relational experience that comes through the contact with the therapist. One of these men told us that after one session, when he had a conflict with his wife, he tried „to give birth to the maternity“ in himself that he experienced in a relationship with his therapist. The other participant said he was learning „to be closer to the ground“, which meant to him becoming more attentive to everyday situations of communication and to his feelings. From the point of view of the analytical psychology, that could be understood as these men's efforts to become conscious of and to integrate the different aspects of the positive maternal principle that was available to every individual through the mother archetype of the collective unconscious (Jacoby, 1999; Jung, 1996).

The importance of order, rational knowledge and ability to explain in the process of psychotherapy was demonstrated through the themes of „Clear structure of psychotherapy“ and „Finding rational explanations“. Our male participants tried to find connections between their process of psychotherapy and the general knowledge they had about the world and a human psyche in order to see themselves and their psychotherapy in a broader

context and thus to normalize their experience. The clear structure of psychotherapy where important issues were discussed one by one, reaching certain conclusions, also helped some of them to satisfy their need for order and predictability. Such a need could be understood as coming from the wish to create a stable masculine identity characterized by autonomy, objectivity and clear boundaries between oneself and others (Neumann, 1994; Chodorow, 1978).

All these themes revealed the need our male participants had for an autonomous and analytical way of being in a therapeutic relationship or participating in the process of psychotherapy. The importance of the emotional closeness and affinity with his therapist was mentioned by only one man who saw the „Experience of understanding and acceptance“ and „Experience of closeness and affinity with the other“ as the main factors in his process of change. A feeling of being accepted by the therapist and being close to her helped him to identify with her and to look at himself through her eyes that understood his suffering and his difficulties. We will look a bit later at what could be helping this particular participant recognize the importance of the close and empathic relationship while the other male participants avoided admitting its value.

### **HINDERING FACTORS IN PSYCHOTHERAPY OF MEN AND WOMEN**

„Not being able to see the goals and results clearly“ that was the hindering factor mentioned most frequently by the participants of our study could be understood as an experience of frustration and dissatisfaction. At the beginning of psychotherapy this factor was noticed by one man and one woman, while after about 20 sessions it was mentioned already by all 3 men and the same woman, therefore we may assume that frustration caused by the lack of clarity and fast results is more typical of the male clients and grows as their psychotherapy proceeds. Disappointment and dissatisfaction came from the feeling of being lost and not knowing where to go after the initial symptoms or painful affect was relieved and the goals of psychotherapy became more related to the changes in the personality of a client. Another aspect of this hindering factor was a necessity to return to the same issues again and again: „*we repeat ourselves a lot*“. While the female participants of our study considered the long-term and regular nature of psychotherapy highly therapeutic, for the men their inability to achieve significant results in a short time was associated with a feeling a failure, as they found it difficult to make sense of returning to the same issues and problems. Goss (2011) explains that a tendency to move forward in a linear way and willingness to see the progress and the result of one's efforts clearly is typical of the male psyche. Gudaitė (2001) compares psychotherapy where returning to the same issues again and again is necessary for the change to occur with the Hero myths where patience and willpower are vital for overcoming the obstacles to achieving the heroic goals. For the male participants of our study „Finding rational explanations“ and „Enhancing the willpower“ became the ways of resisting the wish to terminate psychotherapy prematurely. The knowledge of how psychic process operated let these men understand that their process of change hadn't yet been finished, and the power of will helped them to ignore the feelings of disappointment and anger. A sense of duty was also important here: remaining in psychotherapy was perceived as a certain commitment, and if it were failed, the participants felt they might seem weak or „losers“ to their therapists as well as to themselves.

The hindering factors mentioned by the female participants were more related to the experience of a close relationship to the therapist. The theme of „Closeness of the other is restricting“, pointed out by one participant, revealed her feeling that being in a close

relationship didn't allow her to reflect on the process of psychotherapy and its meaning to her, and limited her freedom of choice („*while it's going on I can't look back and understand what this therapy is*"). This tension made her terminate her psychotherapy after 20 sessions even though she felt it wasn't completed. The other participant shared her feelings of disappointment and anger she had when the therapist was not able to relieve the client of her suffering quickly enough – that was the theme of „Failed expectations“. Coping with these feelings as well as with frustration caused by the lack of fast results became possible as this woman realized that the therapeutic relationship was secure and empathic enough for most of the time, and that it provided her with the possibility to share her feelings that she needed so badly.

## **DEPTH GENDER IDENTITY AND ITS RELATIONS TO THERAPEUTIC AND HINDERING FACTORS**

Our study revealed strong relations between the gender of a client and her or his perception of therapeutic or hindering factors. However, the analysis of the depth gender identity of our participants also let us find out how the experience of therapeutic and hindering factors could be related to the complexes of femininity or masculinity dominating in a client's psyche.

The therapeutic factors mentioned by the male participants could be related to the type of their mother complex. The participants with a strong, dominant mother complex and an inner image of a powerful and controlling mother tended to emphasize the importance of insight and of a rational, analytic therapeutic relationship, as described by such factors as „Revealing questions“, „Clear structure of psychotherapy“, „Finding a teacher“, and „Finding rational explanations“. Such a tendency could be interpreted as a wish to defend oneself from the influence of the therapist who received the projection of a controlling mother: the therapeutic relationship was perceived as rational, well-defined and therefore secure, not limiting the client's growth. Meanwhile, the only male participant of our study who was aware of his longing for a close relationship with his mother, sought such a relationship in his psychotherapy, pointing out such factors as „Experience of understanding and acceptance“ and „Experience of closeness and affinity with the other“. His belief that such a relationship was valuable and vital for the development of a personality was based on this participant's studies of psychology, philosophy and theology. Also he had already reached his midlife when, according to Jung (1977), the integration of the psychological principle of the opposite gender became important. And yet recognizing his needs for closeness and acceptance wasn't easy for his participant, and he experienced strong feelings of shame and anger as he was talking about them. It could be understood as ambivalence between his wish to experience closeness and his fear of becoming vulnerable and dependent. This ambivalence was probably also strengthened by the strong identification with the father complex that his participant had had for the major part of his life.

For the female participants, the nature of their depth gender identity was related to the hindering factors experienced by them. First of all, any hindering factors were mentioned only by those two women who were stronger influenced by the masculine complexes. The participant who found the closeness of the therapist restricting had a strong dominating father complex that determined her orientation to the values typically considered masculine – it was professional achievement, a tendency to analyze and systemize, to look for patterns in her experience and in the behavior of others. It's usually

believed that the difficulties related to the intimacy of a therapeutic relationship are more often experienced by men who attempt to maintain their autonomy and independence but this example from our study leads to an assumption that the same difficulties may be related to the dominating father or other masculine complexes in a woman's psyche. The second participant of our study who mentioned two hindering factors – „Failed expectations“ and „Not being able to see the goals and results clearly“, also had dominant masculine complexes, as confirmed both by the analysis of her mother and father complexes and her own reflections about herself as more masculine and only looking for her feminine identity. Therefore we may assume that the dominating complexes of masculinity may lend a woman's experience the characteristics that are usually considered typical of men, such as a need to have clear and fast results, and difficulties in tolerating uncertainty. These assumptions should be further explored in studies focusing on the relations between the clients' depth gender identity and their experience of the psychotherapy process.

## CONCLUSIONS

1. Our study revealed that even though some therapeutic and hindering factors were present in psychotherapy of both male and female clients, there were factors typical only of male or of female experience of the psychotherapy process. The gender-specific factors appeared already at the beginning of the process and became even more significant after about 20 sessions.
2. The analysis of the subjective experience of psychotherapy let us identify two groups of therapeutic factors underlying the therapeutic relationship :
  - a. An empathic relationship is a therapeutic relationship based on the mechanism of identification and on the experience of affinity between a therapist and a client.
  - b. An analytical relationship is a therapeutic relationship based on the mechanism of disidentification, on analytical distance and analysis of experience.
3. The process of change in the psychotherapy of women was most strongly induced by the empathic relationship:
  - a. At the beginning of the psychotherapy process of women the most significant were those factors that led to the secure and empathic therapeutic relationship and gave a client an opportunity to open up. The factors representing the analytical aspect of psychotherapy that helped to expand a client's conscious knowledge and strengthened her sense of autonomy were less important.
  - b. After 20 sessions therapeutic factors related to a possibility to open up and a growing sense of self-esteem remained the most significant for the female participants. The therapeutic relationship that was attuned to the needs of a client and provided her with an opportunity to explore her emotional experience in a secure environment was very important in these clients' process of change. The factors representing a more differentiated and analytical therapeutic relationship remained less important for the female participants.
4. The analytical relationship between a therapist and a client was contributing most significantly to the changes in the psychotherapy of men:

- a. At the beginning of their psychotherapy our male participants emphasized the importance of an analytical therapeutic relationship that let them remain autonomous and to gain new insights. They pointed out the therapist's ability to ask questions that were both revealing and attuned to the emotional needs of a client as the most significant factor for their change as such questions enabled them to develop their awareness and strengthen their sense of personal power.
  - b. After 20 sessions our male participants found the therapeutic factors that depicted a therapist as a guide helping a client to find ways in his complicated inner world most important. Such a relationship was seen as strengthening, encouraging to explore one's psyche and opening new ways of relating to oneself and others. The male participants also appreciated the possibility to understand the structure of the psychotherapy process and, using theoretical knowledge, to explain what was happening in this process.
5. Our study revealed that both the therapeutic and hindering factors were related to the type of depth gender identity of the participants:
- a. The type of the mother complex of our male participants was related to which therapeutic factors they found most important. A strong mother complex with an inner image of a powerful, controlling mother encouraged the men to avoid a close emotional relationship with the therapist and to emphasize the importance of a rational, analytical relationship with her. In one case when longing for a close relationship with the mother had become conscious, such a relationship was sought in psychotherapy, emphasizing the important of closeness and affinity with the therapist.
  - b. The weak feminine depth gender identity was related to the hindering factors: it disturbed the formation of the secure therapeutic relationship, provoked disappointment with the psychotherapy, anger with one's therapist and fear of losing one's identity.
6. For our male participants, the factors that motivated them for long-term psychotherapy were related to clear structure, goals and results of psychotherapy and an ability to find rational explanations for what was happening in its process.
7. For our female participants, the factors that motivated them for long-term psychotherapy were related to the change-inducing aspects of the therapeutic relationship.



# PSICHOTERAPIJOS VEIKSMINGUMO KOKYBINĖ ANALIZĖ: VYRŲ IR MOTERŲ TERAPINIŲ VEIKSNIŲ REFLEKSIJA

## SANTRAUKA

### ĮVADAS

**Disertacijoje nagrinėjama problema ir jos aktualumas.** Kliento lytis – tai kiekvienam psichoterapijos procesui būdingas veiksnys, kurio reikšmė tiek pačiam procesui, tiek jo rezultatams kelia nemažą mokslininkų ir praktikų susidomėjimą. Dauguma autorių (pavyzdžiui, Owen ir kt., 2009; Clarkin ir Levy, 2004) neranda žymesnių skirtumų tarp vyrų ir moterų psichoterapijos rezultatų, tačiau tyrimai atskleidžia, jog yra tam tikrų su kliento lytimi susijusių psichoterapijos proceso ypatumų. Pastebima, jog vyrai psichoterapijos metu patiria daug sunkumų, pavyzdžiui, gėdą, nenorą atsiskleisti ir tapti pažeidžiamu (Osherson ir Krugman, 1990; Jacoby, 2001). Tačiau daugumos šios srities publikacijų autoriai remiasi savo klinikinių atvejų analize arba teorinėmis žiniomis, o empirinių tyrimų, vyrų psichoterapijos patirtį analizuojančių remiantis pačių klientų perspektyva, yra labai nedaug. Psichoterapijos klienčių moterų patirtį nagrinėjančių tyrimų yra gerokai mažiau, be to, jų autoriai moteris tirti paprastai pasirenka ne siekdami geriau suprasti su lytimi susijusius jų patirties ypatumus, o dėl didesnio tiriamos problemos (pavyzdžiui, seksualinės prievartos ar tam tikrų vėžio formų) paplitimo tarp moterų. Mums pavyko aptikti tik keletą tyrimų, kuriuose analizuojami ir lyginami vyrų ir moterų išskiriami terapiniai veiksniai, ir jų rezultatai teigia, kad vyrų ir moterų psichoterapijos patirtis gali skirtis. Bedi ir Richards (2010) duomenimis, psichoterapijos pradžioje vyrai labiausiai terapinę sąjungą kurti padedančiais veiksniais laikė formalios pagarbos ženklus ir psichoterapeuto patarimus, o grupė, kurios daugumą sudarė moterys, dažniausiai tokiais veiksniais laikė aktyvų psichoterapeuto dalyvavimą ir jo neverbalių elgesį. Owen su bendraautoriais (2010) savo tyrimo dalyvių į dvi grupes suskirstė ir pagal biologinę lytį, ir pagal tai, kiek jie pritaria vyriškoms lyties normoms. Tyrimas atskleidė, jog panašius padedančius psichoterapeuto veiksmus įvardiję tyrimo dalyviai panašesni buvo ne savo biologine lytimi, o tuo, kiek jie tapatinosi su vyriškomis lyties normomis. Labiausiai joms pritariančios vyrai ir moterys naudingiausiai psichoterapeuto veiksmis laikė tuos, kurie priskiriami santykių ir išvalgos kategorijoms, o mažiausiai pritariančios – priskiriamus informacijos kategorijomis.

Minėtų dviejų tyrimų išvados yra gana prieštaringos ir kol kas nepadedą suprasti, kurie terapiniai veiksniai yra svarbiausi vyrų ir moterų psichoterapijoje. Tačiau Oweno ir bendraautorių (2010) tyrimas atkreipia dėmesį į tai, jog, nagrinėjant kliento lyties reikšmę psichoterapijoje, tyrimo dalyvių skirstymas į vyrų ir moterų grupes nesuteikia galimybės atsižvelgti į tai pačiai lyčiai priklausančių klientų psichologinių bruožų įvairovę, kuri taip pat gali lemti psichoterapijos proceso patyrimo ir suvokimo ypatumus. Šiuolaikiniai psichobiologijos tyrimai (Wakabayashi ir kt., 2012; Baron-Cohen, 2011) atskleidžia, jog kai kurios tipiškai vyriškomis ar moteriškomis laikomos savybės, pavyzdžiui, geri sisteminimo ar empatijos gebėjimai, yra susijusios su atitinkamai didesniu ar mažesniu testosterono kiekiu embriono vystymosi laikotarpiu. Kadangi skirtingų vyrų organizmuose šio hormono kiekis gali būti pakankamai skirtingas, ir tas pats būdinga moterims, negalima kelti prielaidos apie visiems vyrams ir visoms moterims būdingus vienodai stiprius su lytimi susijusius psichologinius bruožus. Nuostatos, kad kiekvieno asmens psichika sudaryta iš tam tikro vyriškumui ir moteriškumui priskiriamų savybių derinio, laikosi ir analitinės psichologijos autoriai: manoma, kad kiekvienas individas turi įgimtus abiejų lyčių psichinius komponentus, kurie gali būti įsisąmoninti ir realizuoti gyvenimo eigoje (Jung, 1977). Vyriškumui ir

moteriškumui tradiciškai priskiriamų savybių raiškos lygmuo konkretaus asmens psichikoje siejamas su vyraujančių kompleksų pobūdžiu. Stipresnė motinos ir kitų moteriškumo kompleksų įtaka tiek vyrų, tiek moterų psichikoje nulemia stipresnę su motiniškumu bei moteriškumu siejamų patirčių ir poreikių raišką, pavyzdžiui, meilės, priėmimo, artimo ryšio siekį. Stipresnė tėvo ir kitų vyriškumo kompleksų įtaka lemia stipresnę su tėviškumu bei vyriškumu siejamų bruožų raišką – dėmesį pasiekimams, kompetencijos įgijimui, poreikį kontroliuoti, struktūruoti. Įvairūs tyrimai atskleidžia ryšį tarp terapinio santykio pobūdžio ir kliento ankstyvosios raidos patyrimo (Pinsker-Aspen ir kt., 2007) ir kliento prierašumo tipo (Goldman ir Anderson, 2007; Mallincrodt ir kt., 2005). Taigi ankstyvosios kliento raidos ypatumai per terapinį santykį gali turėti labai didelės įtakos psichoterapijos procesui ir jo rezultatams. Galima kelti prielaidą, kad, kadangi vyraujančių kompleksų pobūdis lemia asmens turimus lūkesčius bei santykio kūrimo būdus, motinos ir kitų moteriškumo kompleksų bei tėvo ir kitų vyriškumo kompleksų raiškos konkretaus asmens psichikoje įvertinimas padėtų suprasti bei numatyti kliento psichoterapijos patyrimo ypatumus. Todėl *gelminio lyties tapatumo*, kuri galima apibrėžti kaip ego santykio su moteriškumo ir vyriškumo archetipais bei kompleksais formuojamą savęs vaizdą ir savęs patyrimą, aprašymas gali padėti atskleisti šio tapatumo pobūdžio sąsajas su klientą veikiančiais terapiniais bei pokyčiams trukdančiais veiksniais.

Taigi žinios apie skirtingų lyčių psichoterapijos klientams reikšmingiausius terapinius veiksnius kol kas yra nepakankamai giles, ir ypač trūksta bandymų atliekant kokybinius tyrimus aprašyti bei palyginti pačių vyrų bei moterų supratimą apie tai, kas psichoterapijoje jiems labiausiai padeda, o kas – trukdo, ir patyrinti, kaip tai susiję su jų asmenybės savybėmis. Tai ypač aktualu Lietuvoje, kur moksliniai psichoterapijos tyrimai pradėti dar gana neseniai, lyties veiksnio reikšmė psichoterapijai yra dar visai netyrinėta sritis, o sociokultūrinė Lietuvos situacija, daugiausia dėl sovietinės okupacijos patirties, neleidžia tiesiogiai perkelti ir pritaikyti Vakarų šalyse atliktų tyrimų rezultatų.

**Disertacijos mokslinis naujumas.** Šis tyrimas išsiskiria pirmiausia tuo, jog yra tęstinis, tai yra, analizuoja klientų, dar esančių psichoterapijos procese, terapinių ir pokyčiams trukdančių veiksnių patyrimo dinamiką. Kiti mums žinomi tyrimai (Bedi ir Richards, 2011; Owen ir kt., 2010) klientų patirtį tiria retrospektyviai, tai yra, jiems jau baigus psichoterapinį gydymą. Psichoterapijos pradžia laikoma labai svarbiu terapinio santykio kūrimuisi etapu ir dėl to yra reikšmingai susijusi su jos rezultatais (Barber ir kt., 2000), taip pat ji dažnai lemia, ar klientas psichoterapiją tęs, ar ją nutrauks (Beckham, 1992). Todėl, kai interviu su psichoterapijos klientais atliekamas šiuo laikotarpiu, galima tiksliau nustatyti tuos veiksnius, kuriuos klientai laiko padedančiais ir trukdančiais keistis. Kitas išskirtinis mūsų tyrimo bruožas – vyrų ir moterų atvejų palyginimas remiantis ir biologine tyrimo dalyvių lytimi, ir gelminio jų lyties tapatumo bruožais, tai yra, psichologinių vyriškumui ir moteriškumui priskiriamų psichologinių bruožų raiška jų psichikoje. Tyrimo metu gauti duomenys interpretuojami remiantis analitinės psichologijos teorija, teigiančia, jog kiekvieno asmens lyties tapatumą sudaro abiejų lyčių psichologiniai komponentai. Pirmiausia atliekama visų tyrimo atvejų teminė analizė, o vėliau kiekvieno tyrimo dalyvio atvejis aprašomas atskirai, taip jame išryškėjusias temas susiejant su gelminio tapatumo pobūdžiu. Tai padeda aprėpti ir su tyrimo dalyvių išskiriamais terapiniais bei pokyčiams trukdančiais veiksniais susieti ne tik biologinę jų lytį, bet ir individualaus gelminio tapatumo pobūdį, atsiskleidžiantį per dominuojančius kompleksus. Tokiu būdu duomenis galime analizuoti remdamosi ne tik vyro - moters, tačiau ir vyriškumo - moteriškumo, kaip psichologinių principų, kategorijomis, ir tam tikrą psichoterapijos proceso patirtį sieti ir su vyriškumui – moteriškumui priskiriamų psichologinių bruožų dominavimu.

**Šio tyrimo tikslas** – atskleisti moterų ir vyrų analitinės psichoterapijos procesuose veikiančius terapinius ir keistis trukdančius veiksnius, ir šiuos veiksnius susieti su tyrimo dalyvių gelminio lyties tapatumo pobūdžiu.

### **Tyrimo uždaviniai:**

1. Išskirti moterų ir vyrų analitinės psichoterapijos procesų pradžioje (po 4–8 psichoterapijos sesijų) veikiančius terapinius ir keistis trukdančius veiksnius.
2. Išskirti terapinius ir keistis trukdančius veiksnius, veikiančius moterų ir vyrų analitinės psichoterapijos procesuose praėjus maždaug 6 mėnesiams nuo psichoterapijos pradžios (po 18–22 psichoterapijos sesijų).
3. Moterų ir vyrų psichoterapijos procesuose veikiančius terapinius ir keistis trukdančius veiksnius susieti su tyrimo dalyvių gelminio lyties tapatumo pobūdžiu.

### **Ginami teiginiai**

1. Nors dalis vyrų ir moterų psichoterapijos procesuose veikiančių veiksnių yra bendri abiem lytims, jau psichoterapijos pradžioje išryškėja ir moterų bei vyrų psichoterapiniam procesui specifiniai veiksniai, o psichoterapijai tęsiantis, su lytimi susiję dėsningumai dar labiau sustiprėja.
2. Moteris psichoterapijos procese keistis stipriausiai skatina empatiškas terapinis santykis, o vyrus – analitiškas terapinis santykis.
3. Ir terapiniai, ir keistis trukdantys veiksniai yra susiję su gelminio juos išskiriančių klientų lyties tapatumo pobūdžiu.

## **TYRIMO METODIKA**

Šiame tyrime taikėme kokybinę tyrimo strategiją. Norint išvelgti terapinių ir pokyčiams trukdančių veiksnių dinamiką psichoterapijos procese, pasirinktas tęstinis tyrimo pobūdis: duomenys buvo renkami psichoterapijos pradžioje (įvykus 4 - 8 psichoterapijos sesijoms) ir praėjus maždaug 6 mėnesiams nuo psichoterapijos pradžios (įvykus 18 - 22 psichoterapijos sesijoms). Duomenis analizavome dviem etapais: 1) siekėme išskirti ir palyginti temas, apibūdinančias vyrų ir moterų grupėms reikšmingus terapinius ir keistis trukdančius veiksnius; 2) nagrinėdamos atskirus atvejus, juose išryškėjusias temas susiejome su gelminio lyties tapatumo pobūdžiu. Pastarajam tikslui pasiekti naudojome atvejų analizę, padedančią susidaryti išsamų kiekvieno tyrimo dalyvio gelminio lyties tapatumo ir psichoterapijos proceso vaizdą.

Tyrimo dalyvavo 8 asmenys – 4 moterys ir 4 vyrai, individualios analitinės krypties psichoterapijos klientai. Jų amžius – 25 - 44 metai. Į psichoterapeutus jie kreipėsi dėl emocijų ir tarpasmeninių santykių sunkumų. Kiekvienas dalyvis su tyrėja susitiko po du kartus, išskyrus vieną vyrą, kuris dalyvavo tik pirmajame tyrimo etape ir netrukus nutraukė psichoterapiją. Antrojo interviu metu 6 tyrimo dalyviai (po 3 vyrus ir 3 moteris) tęsė psichoterapiją, viena moteris psichoterapiją buvo ką tik baigusi. Su tyrimo dalyviais dirbo 6 analitinės krypties psichoterapeutės. Penkių tyrimo dalyvių psichoterapiją vyko privačios praktikos kabinetuose, trijų – psichikos sveikatos priežiūros arba psichologinės pagalbos centruose.

Su kiekvienu tyrimo dalyviu buvo atlikta po du pusiau struktūruotus interviu. Pirmajame buvo tyrinėjamos kreipimosi į psichoterapeutą aplinkybės, pirmųjų susitikimų patirtis ir siekiama atskleisti gelminį tyrimo dalyvio lyties tapatumą. Antrajame interviu buvo siekiama įvertinti, kokius su psichoterapija siejamus pokyčius pastebi tyrimo dalyviai, atskleisti jų psichoterapijoje veikiančius terapinius ir keistus trukdančius veiksnius bei trukdančių veiksnių įveikos būdus.

Transkribuotas interviu tekstas buvo analizuojamas dviem būdais:

1. Buvo atliekama visiems atvejams bendrų temų, apibūdinančių pokyčiams padedančius ir trukdančius veiksnius, paieška. Tam buvo taikomas indukcinės teminės analizės metodas, kuriuo remiantis temos kildinamos iš turimų duomenų (Boaytzis, 1998) ir latentinė teminė analizė, t.y. temos generuojamos interpretuojant turimus duomenis bei žvelgiant į juos per analitinės teorijos prizmę. Šiame procese buvo remiamasi Braun ir Clarke (2006) aprašytais teminės analizės principais.
2. Kiekvieno tyrimo dalyvio atvejis buvo nagrinėjamas ir atskirai, atliekant gelminio lyties tapatumo analizę bei aprašant šiame atvejuje išskylančias temas, išskirtas bendrų temų paieškos etape. Gelminis lyties tapatumas buvo vertinimas atliekant pirmojo interviu teksto analizę ir aprašant motinos, tėvo, kitus ryškius vyriškumo ir moteriškumo kompleksus bei ego santykį su jais.

Abiejuose tyrimo etapuose buvo pasitelkta ekspertų pagalba, ir galutinis temų sąrašas bei gelminio tapatumo vertinimai parengti suderinus tyrimo autorių bei ekspertų nuomones.

## **SVARBIAUSI REZULTATAI**

### **PIRMASIS TYRIMO ETAPAS: PO 4 - 8 PSICHOTERAPIJOS SESIJŲ IŠSKIRTOS TERAPINIUS VEIKSNIUS APIBŪDINANČIOS TEMOS**

Pirmojo interviu metu bent po vieną jų psichoterapijos procese veikiančią terapinį veiksnių paminėjo visi aštuoni tyrimo dalyviai. Atlikus jų atsakymų į pirmojo interviu klausimus teminę analizę, buvo išskirtos aštuonios temos, apibūdinančios psichoterapijos pradžioje veikiančius terapinius veiksnius. Penkios iš šių temų pasirodė būdingos abiejų lyčių tyrimo dalyvių pasakojimams apie savo psichoterapijos patirtį, trys temos – būdingos tik kurios nors vienos lyties atstovams. Dažniausiai minimos abiejų lyčių tyrimo dalyvių atsakymuose į interviu klausimus iškilusios temos – tai „Atveriantys klausimai“, „Supratimo ir priėmimo patyrimas“ „Kito pagarbus, tolerantiškas elgesys“ ir „Atspindžio galimybė“. Kiekvieną iš šių temų paminėjo po tris mūsų tyrimo dalyvius. Išsiskyrė šių temų dažnumas vyrų ir moterų atsakymuose: „Atveriančių klausimų“ tema buvo reikšmingesnė tyrimo dalyviams vyrams, o likusios trys temos – „Supratimo ir priėmimo patyrimas“ „Kito pagarbus, tolerantiškas elgesys“ ir „Atspindžio galimybė“ - moterims. „Aiškios psichoterapijos struktūros“ temą taip pat paminėjo abiejų lyčių tyrimo dalyviai – po vieną vyrą ir moterį. „Pasakymo garsiai“ ir „Susitikimų pastovumo“ temos pasirodė tik tyrimo dalyvių moterų atsakymuose, o „Vertingų patarimų“ tema – vieno tyrimo dalyvio vyro pasakojime.

## **PIRMASIS TYRIMO ETAPAS: PO 4-8 PSICHOTERAPIJOS SESIJŲ IŠSKIRTOS KEISTIS TRUKDANČIUS VEIKSNIUS APIBŪDINANČIOS TEMOS**

Teminė atsakymų į pirmojo interviu klausimus analizė parodė, kad tyrimo dalyviai pastebi gerokai mažiau keistis trukdančių, nei terapinių veiksnių – apie kokius nors trukdančius veiksnius kalbėjo tik du tyrimo dalyviai. Išskyrėme dvi keistis trukdančius veiksnius apibūdinančias temas. Tema „Sunku, kai nėra aiškaus rezultato“ buvo būdinga vienam tyrimo dalyviui vyrui ir vienai moteriai, o temą „Supratimas, kad vien išvalgų nepakanka“ paminėjo vienas tyrimo dalyvis vyras.

## **ANTRASIS TYRIMO ETAPAS: PO 18-22 PSICHOTERAPIJOS SESIJŲ IŠSKIRTOS TERAPINIUS VEIKSNIUS APIBŪDINANČIOS TEMOS**

Kaip ir pirmojo interviu metu, antrajame interviu jų psichoterapijos procese veikiančius terapinius veiksnius paminėjo visi tyrimo dalyviai. Teminės atsakymų į antrojo interviu klausimus analizės metu išskyrėme jau trylika temų, apibūdinančių šiame psichoterapijos etape veikiančius terapinius veiksnius. Septynios iš šių temų buvo tos pačios, kaip ir išskirtos pirmajame tyrimo etape, o pirmajame etape minėtą „Supratimo ir priėmimo patyrimo“ temą pakeitė panaši „Artumo ir bendrumo su kitu patyrimo“ tema. Taip pat atsirado penkios visiškai naujos temos, neminėtos tyrimo pradžioje: tai „Emocijų patyrimas ir įsisąmoninimas“, „Mokytojos radimas“, „Dėmesingas kito dalyvavimas“, „Racionalių paaiškinimų plėtra“ ir „Valios sužadėjimas“. Jei dauguma pirmojo interviu analizės metu išskirtų temų buvo būdingos abiejų lyčių tyrimo dalyviams, tai antrajame tyrimo etape, psichoterapijai išibėgėjus, tokių temų liko tik trys: tai „Artumo ir bendrumo su kitu patyrimas“, „Atspindžio galimybė“ ir „Atveriantys klausimai“. Tačiau dviejų iš šių temų dažnumas vyrų ir moterų pasakojimuose apie psichoterapiją žymiai skyrėsi: „Artumo ir bendrumo su kitu patyrimo“ temą minėjo visos keturios tyrimo dalyvės moterys ir tik vienas vyras, o „Atspindžio galimybės“ temą – trys moterys ir tik vienas vyras, taigi šios temos atrodo reikšmingesnės moterims. Vien tyrimo dalyvių moterų atsakymuose į antrojo interviu klausimus buvo išskirtos keturios terapinius veiksnius apibūdinančios temos. „Pasakymas garsiai“ bei „Emocijų patyrimas ir įsisąmoninimas“ buvo reikšmingi visoms keturioms mūsų tyrimo dalyvėms moterims, „Kito pagarbus ir tolerantiškas elgesys“ – trims iš jų, o „Vertingi patarimai“ – dviem moterims. Taip pat išskyrėme penkis terapinius veiksnius apibūdinančias temas, būdingas tik tyrimo dalyvių vyrų patirčiai. Keturios iš šių temų iškilo tik šiame tyrimo etape ir jas minėjo po du mūsų tyrimo dalyvius: tai „Mokytojos radimas“, „Dėmesingas kito dalyvavimas“, „Racionalių paaiškinimų plėtra“ ir „Valios sužadėjimas“. Vienas tyrimo dalyvis, kaip ir pirmajame interviu, minėjo „Aiškios psichoterapijos struktūros“ temą.

## **ANTRASIS TYRIMO ETAPAS: PO 18-22 PSICHOTERAPIJOS SESIJŲ IŠSKIRTOS KEISTIS TRUKDANČIUS VEIKSNIUS APIBŪDINANČIOS TEMOS**

Antrojo interviu teminė analizė parodė, kad praėjus 18-22 psichoterapinių sesijų, tyrimo dalyviai apie pokyčiams trukdančius veiksnius kalba jau dažniau: kokius nors pokyčiams trukdančius veiksnius paminėjo penki tyrimo dalyviai, ir išskyrėme tris šiuos veiksnius apibūdinančias temas: „Sunku, kai nėra aiškaus tikslo ir rezultatų“, „Nepateisinti lūkesčiai“ ir „Kito artumas varžo“. Pirmoji iš šių temų panaši į pirmajame interviu minėtą temą „Sunku, kai nėra aiškaus rezultato“, o kitos dvi išryškėjo tik antrajame tyrimo etape.

Kalbėjimas apie pokyčiams trukdančius veiksnius pasirodė esantis labiau būdingas tyrimo dalyviams vyrams, o jų tokių veiksmų patyrimas – labai panašus: kiekvienas iš trijų mūsų tyrimo dalyvių vyrų paminėjo temą „Sunku, kai nėra aiškaus tikslo ir rezultatų“. Tyrimo dalyvių moterų pokyčiams trukdančių veiksmų patyrimas pasirodė esantis įvairesnis. Apie kokius nors pokyčiams trukdančius veiksnius kalbėjo dvi iš keturių mūsų tyrime dalyvavusių moterų. Viena iš jų nurodė du trukdančius veiksnius, apibūdinamus temų „Sunku, kai nėra aiškaus tikslo ir rezultatų“ bei „Nepateisinti lūkesčiai“, kitos pasakojime išryškėjo tema „Kito artumas varžo“. Kitos dvi moterys neišskyrė nė vieno jų pokyčiams trukdančio veiksmo.

Aptariant rezultatus, šios temos susiejamos su tyrimo dalyvių gelminio tapatumo ypatumais ir nurodomi pastebėti dėsniumai, kurie interpretuojami remiantis teorinėmis ir kitų tyrimų autorių pateikiamomis žiniomis.

## IŠVADOS

1. Psichoterapijos veiksmingumo refleksijų analizė atskleidė, kad, nors dalis vyrų ir moterų psichoterapijos procesuose veikiančių veiksmų buvo bendri abiem lytims, jau psichoterapijos pradžioje išryškėjo ir moterų bei vyrų psichoterapijos procesui būdingi veiksniai, o po 20 psichoterapijos sesijų su lytimi susiję dėsniumai buvo matomi dar aiškiau.
2. Analizuojant subjektyvų psichoterapijos patyrimą, išryškėjo dvi veiksmų, kuriais grindžiamas terapinis santykis, grupės:
  - a. Empatiškas santykis – tai terapinis santykis, grindžiamas tapatinimosi mechanizmu ir bendrumo tarp psichoterapeuto ir kliento patyrimu.
  - b. Analitiškas santykis – tai terapinis santykis, grindžiamas atsitapatinimo mechanizmu, analitine distancija ir patyrimo analize.
3. Moterų psichoterapijos procese pokyčius stipriausiai skatino empatiškas terapinis santykis:
  - a. Proceso pradžioje reikšmingiausi buvo saugų ir empatišką terapinį santykį kuriantys veiksniai, sudarantys galimybę atsiskleisti. Analitiniame psichoterapijos aspektui atstovaujantys veiksniai, padėję plėtoti klientės sąmoningumą ir stiprinę jos autonomiškumą patyrimą, buvo mažiau svarbūs.
  - b. Po 20 psichoterapijos sesijų moterims svarbiausi išliko terapiniai veiksniai, susiję su galimybe atsiskleisti ir stiprėjančiu savęs vertingumo jausmu. Pokyčių procese labai reikšmingas buvo terapinis santykis, derantis su klientės poreikiais ir suteikiantis jai galimybę saugiai tyrinėti savo emocinius išgyvenimus. Mažiau svarbūs buvo veiksniai, apibūdinantys labiau diferencijuotą, analitišką terapinį santykį.
4. Vyrų psichoterapijos procese svarbiausias buvo analitiškas terapinis santykis:
  - a. Psichoterapijos pradžioje vyrai pabrėžė analitiško terapinio santykio, leidžiančio išlaikyti savo autonomiją ir prieiti naujų išvalgų, svarbą. Stipriausiai keistis skatinančiu veiksmu jie laikė psichoterapeutės gebėjimą užduoti atveriančius ir su emociniais kliento poreikiais derančius klausimus, taip suteikiant tyrimo dalyviams galimybę plėsti savo sąmoningumą bei stiprinti asmeninės galios jausmą.
  - b. Po 20 psichoterapijos sesijų vyrams reikšmingiausi tapo terapiniai veiksniai, apibūdinantys santykį su psichoterapeute kaip vedle, padedančia orientuotis sudėtingame vidiniame pasaulyje. Tokio pobūdžio ryšys stiprino, suteikė drąsos tyrinėti savo psichiką ir padėjo atverti naujas santykio su savimi bei

- kitais galimybėmis. Taip pat vyrams buvo svarbi galimybė suprasti psichoterapijos proceso tvarką ir, remiantis teorinėmis žiniomis, paaiškinti, kas vyksta šiame procese.
5. Tyrimas atskleidė, jog ir pokyčius skatinantys, ir jiems trukdantys veiksniai yra susiję su juos išskyrusių tyrimo dalyvių gelminio lyties tapatumo pobūdžiu:
    - a. Motinos komplekso pobūdis tyrimo dalyvių vyrų psichikoje buvo susijęs su jų išskiriamais terapiniais veiksniais. Stiprus motinos kompleksas, lydintas vidinio galingos, kontroliuojančios motinos vaizdinio, skatino vengti artimo emocinio ryšio su psichoterapeute ir akcentuoti racionalaus, analitiško santykio bei išvalgų svarbą. Tuo atveju, kai buvo išsąmonintas ryšio su motina trūkumas, tokio ryšio buvo stengiamasi ieškoti ir psichoterapijoje, pabrėžiant artumo ir bendrumo su psichoterapeute svarbą.
    - b. Tyrimo dalyvių moterų silpnas moteriškasis gelminis lyties tapatumas buvo susijęs su terapiniams pokyčiams trukdančiais veiksniais: jis trikdė tvirto terapinio santykio kūrimąsi, kėlė nusivylimo psichoterapija, pykčio psichoterapeutei ir baimės prarasti savąjį tapatumą jausmus.
  6. Veiksniai, motyvuojantys ilgalaikei psichoterapijai, vyrų refleksijose buvo susiję su aiškia psichoterapijos struktūra, tikslais, rezultatais ir gebėjimu racionaliai paaiškinti psichoterapijos procesą.
  7. Moterų refleksijose ilgalaikei psichoterapijai motyvuojantys veiksniai buvo susiję su pokyčius skatinančiais terapinio santykio aspektais.

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**Ieva Bieliauskienė** received her MA in Clinical Psychology at the Vilnius University in 1999, with her master's thesis awarded the Prof. A. Gučas prize. From 2003 to 2013 she was a doctoral student of psychology at the Vilnius University.

During her student years, I. Bieliauskienė started her gestalt psychotherapy training and after completing its basic level, turned to the studies of analytical psychotherapy and analysis, becoming analytical psychotherapist in 2006 and Jungian analyst in 2007. She has worked as a psychotherapist at the Vilnius Centre for Clinical Psychotherapy from 1999 to 2004, and after it was reorganized, she started her private practice which she continues until now. She works as a training analyst, supervisor and lecturer in the training programs for analytical psychotherapists in Lithuania and abroad.

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**Ieva Bieliauskienė** 1999 m. įgijo klinikinės psichologės kvalifikaciją Vilniaus universitete, o jos magistro darbas buvo apdovanotas prof. A. Gučo premija. Nuo 2003 m. iki 2013 m. ji studijavo Vilniaus universiteto psichologijos doktorantūroje.

Dar mokydamasi universitete, I. Bieliauskienė pradėjo geštalinės psichoterapijos studijas, o įgijusi bazinį išsilavinimo lygmenį – analitinės psichoterapijos bei analitinės krypties psichoanalizės studijas. 2006 m. I. Bieliauskienė tapo analitinės krypties psichoterapeute, o 2007 m. – jungiškosios krypties analitike. 1999-2004 m.m. ji dirbo psichoterapeute Vilniaus m. Klinikinės psichoterapijos centre, o jį reorganizavus pradėjo privačią psichoterapijos praktiką, kurią tęsia iki šiol. Kaip analitikė, supervisorė bei lektorė ji aktyviai dalyvauja būsimųjų Lietuvos ir kitų šalių analitinės krypties psichoterapeutų rengime.

Savo mokslinio bei praktinio darbo rezultatus I. Bieliauskienė pristato įvairių konferencijų ir seminarų metu, rengia publikacijas psichoterapijos ir lyčių psichologijos temomis.